



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E292542**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	13-03148
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIAL RESERVATION				
M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	12 - 14 - 2013	1015	31	
N S	E W	IN OF		0864

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
VERNON RD	BLOCK NO. <input checked="" type="checkbox"/>	1600
	MILE POST <input type="checkbox"/>	

DISTANCE	75	00	MILES	N <input checked="" type="checkbox"/>	E <input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)
			FEET	S <input checked="" type="checkbox"/>	W <input type="checkbox"/>	95TH AVE NE

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 3605822152
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LAST NAME	FORD	FIRST NAME	LINDA	MIDDLE INITIAL	E
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STREET NEW ADDRESS	2795 HENDERSON RD
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CITY	BELLINGHAM	ST	WA	ZIP	98226
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	FORD*LE474RR	STATE	WA	SEX	U	D.O.B. MMDDYYYY	12	-	19	-	1953
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AAA5289	STATE	WA	VIN#	1HGCG56671A035438
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2001	MAKE	HOND	MODEL	ACCOR	STYLE	4T	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	SAFECO H1695726
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4252391429
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LAST NAME	KEELEY	FIRST NAME	JEFFREY	MIDDLE INITIAL	J
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STREET NEW ADDRESS	11625 28TH ST NE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	KEELEJJ237JC	STATE	WA	SEX	M	D.O.B. MMDDYYYY	04	-	03	-	1977
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	051XQU	STATE	WA	VIN#	1NXBR12E91Z469591
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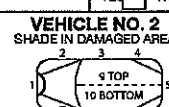
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2001	MAKE	TOYT	MODEL	COROLL	STYLE	4T	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PEMCO CA0760464
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	BOB SUMMERS	BADGE OR ID #	079	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E292542**

CASE # **13-03146**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

KEELEY NICOLE S

ADDRESS & PHONE #

11625 28TH ST NE LAKE STEVENS WA 98258 4252391429

SEX **F**

D.O.B.
MMDDYYYY **10**

01

2010

PASSENGER ☒

WITNESS ☐

UNIT #

2

SEAT
POS.

6

AIRBAG

2

RESTR.

5

EJECT

1

HELMET
USE

1

INJURY
CLASS

1

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

Unit #1 states she was traveling north on Vernon Rd and intended to turn left onto 95th Ave NE to visit a friend. She realized she missed her turn and hit the breaks and Unit #2 hit the rear of her vehicle. Unit #2 stated he was traveling behind Unit #1 and she all of a sudden hit her breaks and he collided into the rear.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

BOB SUMMERS

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

12-14-13 03:52 PM

DATED

PLACE SIGNED

APPROVED BY

BOB SUMMERS 079

DATE

12/14/2013 3:53:10 PM

BADGE OR ID #

079

ORI #

WA0311900

TIME POLICE DISPATCHED

10:18 AM

TIME POLICE ARRIVED

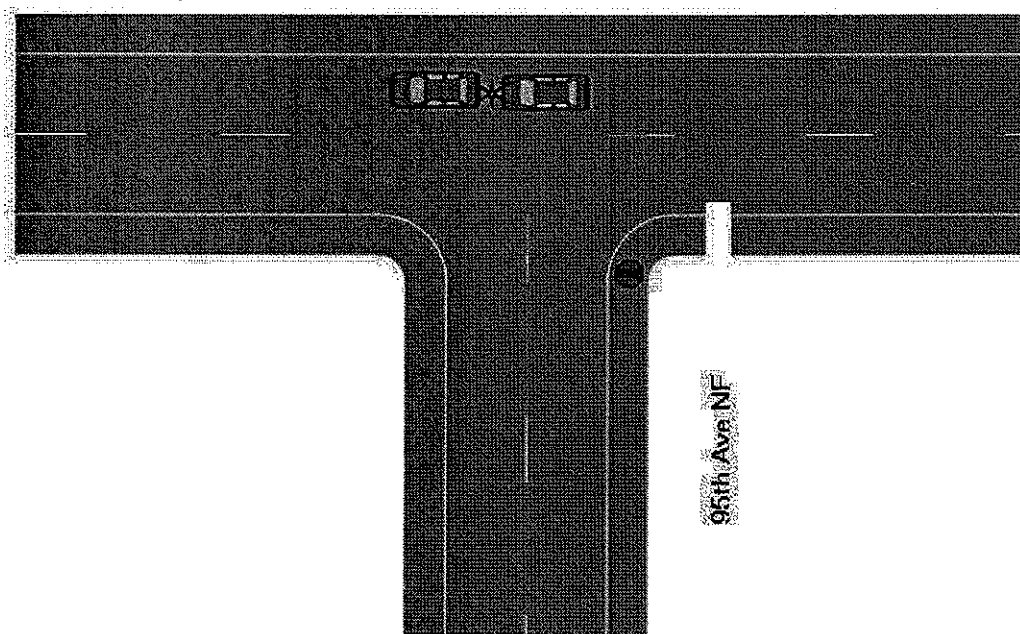
10:26 AM

REPORT NO E292542

CASE # 13-03146

DATE AND TIME
OF COLLISION 12/14/13 10:15

Vernon Rd



LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <i>#79</i> <i>Sgt. K. Summers</i>		Case Number <i>13-03146</i>	
Type of Crime: Felony / Misdemeanor (Circle)		Type of Case: <i>COLLISION</i>		Date/Time: <i>12-14-13</i>	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification			

Item # Action # <i>10</i>	Item <i>CD-RW</i>	Brand Name <i>Compu</i>		Storage Location	Disposition
	Brand/Model/Caliber <i>200 m3</i>		(Further Description)		
	Serial # _____	Where Found _____	Weight of Narcotic _____		
Owner's Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____				Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions _____					

Item # Action #	Item	Brand Name		Storage Location	Disposition
	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____				Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions _____					

Item # Action #	Item	Brand Name		Storage Location	Disposition
	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____				Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions _____					

Item # Action #	Item	Brand Name		Storage Location	Disposition
	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____				Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions _____					

Item # Action #	Item	Brand Name		Storage Location	Disposition
	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____				Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions _____					

Evidence Control Use Only:					
Received by Evidence:		NCIC/WACIC <input checked="" type="checkbox"/> Date:	CAD/RMS Checked		ROUTING: White: Property Room Yellow: Case File
Name: _____ # _____		NCIC/WACIC + Date:	Owner Letter Sent:		
Date: _____ Time: _____		NCIC/WACIC - Date:	Owner Letter Sent:		

Incident History for: #SS13027273

Case Numbers: \$SS13003146

Entered 12/14/13 10:18:02 BY SPDF26 SP0233

Dispatched 12/14/13 10:18:21 BY SPDP17 SP0360

Enroute 12/14/13 10:18:21

Onscene 12/14/13 10:26:55

Closed 12/14/13 10:45:01

Initial Type: ACC Initial Alarm Level: Final Alarm Level:

Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 2 Dispo: H

Police BLK: SS002 Fire BLK: AG1618 Map Page: 377E-6 Group: SS1 Beat: WEST

Src: T

Loc: 95 AV NE/VERNON RD ,LKS (V)

Loc Info:

Name: KEELEY, JEFF

Addr:

Phone: 4252391429

/1018 (SP0233) ENTRY ,CC NON INJ, NON BLCKING, BLCK VS SILVER VEHS'
/1018 (SP0360) DISPER SS1912 #SS79 SUMMERS, SGT (ROBERT)
/1026 ONSCNE SS1912
/1032 (SS79) *MISC SS1912 ,#1 360-592-2152 SAFECO H1695726
/1033 *MISC SS1912 ,#2 425-239-1429 PEMCO CA0760464
/1034 REMINQ SS1912 MDTVEH, AAA5289,, WA,,,,,,,,,
/1034 REMINQ SS1912 MDTVEH, 051XQU,, WA,,,,,,,,,
/1034 REMINQ SS1912 MDTWANT, FORD, LINDA, E, 121953, F,, WA,,,,,,,,,
/1035 REMINQ SS1912 MDTWANT, KEELEY, JEFFREY, J, 040377, M,, WA,,,,,,,,,

/1037 (SP0360) ASNCAS SS1912 \$SS13003146
/1045 CLEAR SS1912 D/H
/1045 CLOSE SS1912

LSPD
ORIGINAL